

March 7, 2003

Re: Medical Dispute Resolution
MDR #: M2.03..0584.01
IRO Certificate No.: 5055

Dear:

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ____ for an independent review. ____ has performed an independent review of the medical records to determine medical necessity. In performing this review, ____ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Orthopedic Surgery.

Brief Clinical History:

This 45-year-old female claimant suffered a rather severe degeneration of both her shoulder joints, which required bilateral replacement hemi-arthroplasties on approximately 06/26/00. Since that procedure, she has developed symptoms of medial scapular bursitis with bilateral scapular bursitis as the scapulae rub against her ribcage. The patient has had considerable pain and muscle spasm with this, causing her to lose motion and strength in her shoulders.

The treating physician has tried conservative measures consisting of rest, injection, and anti-inflammatory medication, but this has not helped the condition. He has recommended arthroscopic bursectomies of the scapulothoracic bursa and resection of the medial portion of the scapula to try to give her relief of the painful crepitation and the impingement that she is experiencing in this area.

Disputed Services:

Shoulder surgery.

Decision:

The reviewer disagrees with the determination of the insurance carrier. The reviewer is of the opinion that the shoulder surgery in question is medically necessary in this case.

Rationale for Decision:

No so-called "conservative treatment" exists that has not been tried on this patient. Her symptoms have not improved with injections, anti-inflammatory medications, and physician therapy. The patient has lost motion and is getting a frozen shoulder syndrome, or adhesive capsulitis, as a result of the painful scapular bursitis. The proposed surgical procedures on both shoulders are indicated.

I am the Secretary and General Counsel of ____ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by Independent Review, Inc. is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO March 4, 2003.

Sincerely,